

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023804

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 383

Primary Registration District No. 5655 Registrar's No. 126

FILED JUL 11 1962

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. VERNON		Length of stay in lb 72 days	c. CITY OR TOWN CHILLICOTHE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. STATE SANATORIUM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE #1
3. NAME OF DECEASED (Type or print) First WESLEY Middle RAY Last WILSON		4. DATE OF DEATH Month JULY Day 8 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-27-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 69
13a. FATHER'S NAME GARY EDMON WILSON		13b. MOTHER'S MAIDEN NAME NORA ELLEN SETTLES	14. NAME OF HUSBAND OR WIFE LORA EDITH WILSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. INFORMANT Address MO. STATE SAN. MT. VERNON	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA, LUNG		INTERVAL BETWEEN ONSET AND DEATH 8 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from APRIL 27 1962 to JULY 8, 1962 and last saw him alive on JULY 8, 1962 Death occurred at MO. STATE SAN. 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION CHILLICOTHE COUNTY MO STATE MO	
22a. SIGNATURE [Signature] (Degree or title) MD.		22b. ADDRESS MT. VERNON MISSOURI	
22c. DATE SIGNED 7/8/62 (State)		23a. BURIAL, CREMATION, or other disposition of body (Specify) Removal 7-8-62	
23b. NAME OF CEMETERY OR CREMATORY Chillicothe Mo.		23c. LOCATION (City, town, or county) Chillicothe Mo	
24. FUNERAL DIRECTOR Norman Funeral Home ADDRESS Chillicothe Mo.		25. DATE RECD. BY LOCAL REG. 7-9-62	
26. REGISTRAR'S SIGNATURE [Signature]		27. BY R. N. H.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 **0550**

2 **0590**

3

4 **0**

5 **1**

6

7 **0**

8 **2**

9 **1962.1**

10

11

12 **93-0**

13 **5-0**

USE BLACK INK
OR
TYPEWRITER RIBBON

A. H. BAILEY,
M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max Z. Fossell

Licensed Embalmer No. 4252

P. O. Address William, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.